

STATEMENT OF WORK

REQUEST FOR SERVICES BID NO. DMH072516B1

**LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX AND 2-SPIRIT
TRANSITION AGE YOUTH PREVENTION SERVICES**

1.0 OVERVIEW

The purpose of the Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and 2-Spirit (LGBTQI2-S) Request for Services (RFS) is to solicit proposals from qualified Contractors on the Los Angeles County – Department of Mental Health’s (LAC-DMH) Mental Health Services Act (MHSA) Master Agreement list, who expressed interest in providing Prevention and Early Intervention (PEI) services to Transition Age Youth (TAY), ages 16-25. Through this solicitation, LAC-DMH intends to select four (4) qualified Contractors to be awarded Consultant Services Agreements to provide prevention services (trainings, support groups, community engagement, and mental health care). The goal is to increase recognition of early signs of mental illness, community awareness, and access to community-based programs for LGBTQI2-S TAY consumers and their families and/or caregivers in accordance with the pairing of the following pre-determined Service Areas (SAs):

- SAs 1 (Antelope Valley) and 2 (San Fernando Valley)
- SAs 3 (San Gabriel Valley) and 7 (East Los Angeles)
- SAs 4 (Metro) and 6 (South Los Angeles)
- SAs 5 (West Los Angeles) and 8 (South Bay/Harbor)

Proposers must have a minimum of one (1) existing Service Delivery Site located in at least one (1) of the pre-determined SAs. Proposers may submit more than one (1) Proposal Package. Proposal Packages that do not adhere to the pre-determined SAs listed above and Service Delivery Site requirements will NOT be evaluated.

2.0 SCOPE OF WORK

Proposer shall explain in the Proposal Narrative how the Proposer meets the requirements necessary to develop prevention services for the LGBTQI2-S TAY population as outlined in this Statement of Work (SOW).

3.0 DELIVERABLES FISCAL YEAR (FY) 1 (2016-17)

3.1 LGBTQI2-S TAY Toolkit Development

Consultant shall develop a detailed and comprehensive LGBTQI2-S TAY Toolkit to address critical issues and service gaps within the LGBTQI2-S TAY community. The purpose of this Toolkit is to support mental health providers and community-based organizations in developing the capacity to increase access for and effectively serve LGBTQI2-S TAY. Completion of each section of the LGBTQI2-S TAY Toolkit will require approval by LAC-DMH Program Manager. Consultant shall include and expand on all of the core components in Sections 3.1.1 through 3.1.4 outlined below:

3.1.1 Section I: Safe and Welcoming Environments

(Due by the end of the third (3rd) month of FY 1)

1. Historical and Sociopolitical Background

- Provide information relevant to disparities and service gaps as it pertains to LGBTQI2-S.

2. Who are LGBTQI2-S youth and young adults?

- Describe disparities, service gaps, and need for specialized services derived from Community Needs Assessment (Section 3.4 of this SOW).
- Provide local and countywide statistical data
- Describe the cultures and sub-cultures of this population including health, age, race, gender, ethnicity, religion, and spirituality.
- Explain the unique challenges of accessing services.

3. Provide Overview of Terminology and Definitions

- Define sex, sexual orientation, gender, gender identity, gender expression, sexual behavior, coming out process, and distinguish between L-G-B-T-Q-I-2-S.
- Include preferred terms by various cultural, ethnic, racial, gender, and age groups.

- Provide a glossary of terms and definitions relevant to this community.

4. Anti-Stigma and Discrimination

- Describe the negative impact of stigma and discrimination on youth and their family/caregivers.
- Describe the impact of rejection by family/caregiver and the community.
- Explain challenges associated with being LGBTQI2-S and a person of color struggling with mental health issues.
- Dispel Myths: Discuss stigmatizing myths and provide accurate information.
- Provide strategies to prevent and combat stigma and discrimination.

5. Youth Engagement Strategies

- Describe strategies to engage youth and keep them involved in their own development.
- Include engagement and retention strategies for hard-to-reach youth.
- Describe plan to include and define roles of peer mentors.
- Do's and Don'ts: Include harmful (rejecting) and effective (accepting) strategies when engaging youth.
- Include information about a provider's self-awareness of their verbal and non-verbal cues when engaging youth.
- Advocacy and Self-Empowerment: Describe plan to support youth in advocating for their self-care, well-being and legal rights.
- Self-disclosure: Describe plan to support youth in the coming out process.

6. LGBTQI2-S Affirming

- Mission and Vision Statements: Describe specific language and practices that ensure clinical and cultural expertise to all LGBTQI2-S youth who seek mental health services.

- Incorporate Inclusive Language: Describe plan to include language in policies and practice (orally and in printed materials, documents, etc.)

3.1.2 Section II: Clinical Considerations and Interventions

(Due by the end of the sixth (6th) month of FY 1)

1. Brief History

- Provide a brief history on mental health and LGBTQI2-S.

2. The Coming Out Process

- Youth Experience: Describe the internal processes a youth experiences before coming to terms with their gender and sexual identity.
- Family and/or Caregiver Experience: Explain the impact that coming out has on relationships with caregivers. Describe the importance of displaying a supportive and unconditional regard for the youth. Include information on intentional vs. unintentional behaviors that lead to rejection and the effects of family rejection.

3. Safety Concerns

- Suicide
 - Risk Factors: Describe psychosocial factors that increase risk of suicide for the LGBTQI2-S population.
 - Evidence-Supported Interventions: Provide information on best practices for suicide prevention, including existing PEI programs.
- Bullying
 - Describe current state laws, regulations, and policies regarding bullying.
 - Provide information on the prevalence rates of bullying in schools and the effects of bullying behavior on LGBTQI2-S youth.

- Evidence-Supported Interventions: Provide information on best practices for prevention of bullying in schools and the workplace.
- Violence
 - Provide current statistical data on the types of violence experienced in the LGBTQI2-S community such as:
 - Hate Crimes
 - Intimate Partner Violence
 - Describe community resources to assist LGBTQI2-S youth with legal aid, emergency shelter, and counseling, and violence prevention programs.

4. Special Populations

- Transgender Youth: Describe the distinct needs of this population and service gaps.
- Commercial Sexual Exploitation of Youth: Explain the prevalence rates and risk factors for LGBTQI2-S youth.
- Foster and Probation Youth: Explain the current prevalence rates of LGBTQI2-S youth in out-of-home care, risk factors, and negative experiences.
- Unaccompanied Minors: Explain the service needs for this population, including legal representation and advocacy.
- Homeless Youth: Describe risk factors and prevalence rates of LGBTQI2-S youth living on the streets. Include information on effects of homelessness and service gaps.

5. Trauma-Informed Services

- Evidence Based Treatments (EBTs): Apply relevant EBTs to this population, including those under MHSA PEI and those that focus on co-occurring disorders, post-traumatic stress disorder (PTSD), anxiety, and depression.
- Other Clinical Considerations.

- Coordination of Care: Describe the plan for linkage and ongoing communication with referral agencies.

6. Co-Occurring Disorders

- Substance Use Prevention: Describe the statistics for substance use and reasons youth use substances. Discuss the Stages of Change model and other effective interventions.
- Developmental Disabilities: Describe the statistics of LGBTQI2-S youth who are diagnosed with intellectual and development disorders. Discuss the service gaps and challenges in addressing problems among this sub-population.
- Sexually Transmitted Diseases (STDs), Sexually Transmitted Infections (STIs), and Human Immunodeficiency Virus (HIV): Describe related risk factors, and prevention strategies for STDs, STIs, and HIV among these populations. Include statistics and resources.
- Coordination of Care: Describe the importance of integrated care, plans for linkage, and ongoing communication with referral agencies.

7. Support Groups

- Describe the importance of peer-led support groups for LGBTQI2-S TAY and their families, and the impact on participants' mental health. Include group topics and/or areas of focus.

3.1.3 Section III: Outreach and Engagement Supports and Strategies

(Due by the end of the ninth (9th) month of FY 1)

Consultant shall describe the importance of utilizing effective strategies when outreaching and engaging TAY, especially those who are disconnected and hard-to-reach. Include the following Outreach and Engagement (O & E) Supports and Strategies in the LGBTQI2-S TAY Toolkit:

1. Social Media: Describe plan to develop and utilize age-appropriate social media platforms (i.e. applications).

2. Pamphlets/Flyers/Posters: Develop materials to designate safe and welcoming environments.
3. Community Resources: Develop and provide information about local and countywide resources.
4. Referrals and Linkage: Describe the importance of utilizing effective strategies in linking and referring clients to mental health, health, substance use treatment and prevention, and other services.
5. Community Presentations: Describe the importance of conducting community presentations and the types of organizations to target.
6. Community Partnerships: Describe the importance of establishing and maintaining community partnerships.

3.1.4 Section IV: Outcomes Monitoring

(Due by the end of the ninth (9th) month of FY 1)

Consultant shall describe an outcomes monitoring plan to measure the effectiveness of the LGBTQI2-S TAY Toolkit. Include and expand on the following topics:

1. Describe the purpose and intent of outcomes monitoring.
2. Describe the importance of developing an outcomes database that will allow for ongoing monitoring and reporting.
3. Describe how outcomes will be utilized to inform and enhance performance and quality of deliverables for LGBTQI2-S youth.

3.2 Outreach and Engagement

Consultant shall provide outreach and engagement to LGBTQI2-S TAY, (ages 16-25) and various community partners.

3.2.1 Referrals and Linkage to Service Providers

Consultant shall identify and implement strategies to reach a minimum of twenty (20) LGBTQI2-S TAY per month that are not currently connected to services. Outreach should focus on youth that are identified as most vulnerable and hard to reach. Consultant shall complete the Referral Tracking Log (Attachment I) and submit to LAC-DMH Program Manager

monthly no later than the tenth (10th) business day of the next reporting month. The Consultant shall expand current linkage and referral system(s) to include the following community partners:

- Neighborhood Schools, Colleges, and Universities
- Mental Health Providers
- Health Organizations
- Substance Abuse Prevention and Control (SAPC) Providers
- Local Law Enforcement
- Los Angeles County - Probation Department
- Los Angeles County - Department of Children and Family Services (DCFS)
- National Alliance on Mental Illness (NAMI) and/or Other Advocacy Groups
- Faith-Based Organizations
- Local Service Area Advisory Committees (SAACs)

3.2.2 Informational Materials

Consultant shall create at least three (3) relevant informational materials (brochures, posters, flyers) on issues that affect the LGBTQI2-S community. Topics may include anti-stigma and discrimination, bullying prevention, suicide prevention, substance use prevention, and intimate partner violence prevention. Consultant shall submit informational materials to LAC-DMH Program Manager for approval by the sixth (6th) month of FY 1.

3.2.3 Community Presentations

Consultant shall provide community presentations on anti-stigma and discrimination, bullying prevention, suicide prevention, substance use prevention, intimate partner violence prevention, and other key concerns within the LGBTQI2-S community. Community presentations shall occur a minimum of six (6) times in each SA, at least once every two (2) months, for a total minimum of twelve (12)

Community Presentations by the end of FY 1. Consultants shall submit the Potential Responding Service Provider Log (Attachment II), attendance sheets, staff rosters, and copies of the presentation outlines on a monthly basis, due to LAC-DMH Program Manager no later than the tenth (10th) business day of the next reporting month

3.3 Community Partnerships

Consultant shall identify current and proposed partnerships with local community-based agencies. Consultant shall submit a minimum of two (2) Memoranda of Understanding (MOUs) of established and/or planned partnerships to address the needs of the LGBTQI2-S TAY (ages 16-25) population. The Consultant shall submit one (1) MOU for each of the paired services areas for a total of two (2) MOUs by the end of the third (3rd) month of FY 1 for LAC-DMH Program Manager approval. Consultant shall select agencies from the following areas:

- Mental Health Providers
- Neighborhood Schools, Colleges, and Universities
- Health Organizations
- SAPC Providers
- Local Law Enforcement
- Los Angeles County Departments
- Local Advocacy Groups
- Faith-based Organizations

3.4 Community Needs Assessment

Consultant shall create and conduct an assessment of current services, service gaps, risk factors, and protective factors of LGBTQI2-S TAY (ages 16-25) for each of the pre-determined paired SAs. This information should be obtained through various sources to include but not be limited to county departments, non-governmental agencies, and community-based agencies. Information gathering, at minimum, should include interviews with service providers and surveys of agency staff.

3.4.1 Consultant shall collect data and present a summary of findings in a report, including graphs and/or tables.

3.4.2 The Community Needs Assessment shall be completed and submitted to LAC-DMH Program Manager for approval by the end of the third (3rd) month of FY 1.

3.5 Proposed Budget Plan

Consultant shall create and submit a proposed detailed budget for each FY of the three (3) year contract term. The proposed budget shall include a timeline and benchmarks for implementation of the performance targets. The proposed budget must include staff time devoted to the development of the LGBTQI2-S TAY Toolkit. The proposed budget for all three (3) FYs must be submitted by the end of the first (1st) month of FY 1. The proposed budget plan will be subject to changes as required by LAC-DMH Program Manager.

3.6 Outcomes

Consultant shall utilize LAC-DMH program-approved tools and supporting documents (attendance sheets, presentation outlines, informational materials, etc.) to determine the effectiveness of the deliverables for outreach and engagement, trainings, and support groups. Consultant shall use the data and information collected from the evaluation tools to provide reports and/or upon request to LAC-DMH Program Manager. Consultant shall also provide copies of all completed evaluation tools as required and/or upon request. Consultant shall demonstrate adherence to all current and future MHSA PEI regulations.

3.6.1 Consultant shall complete the Referral Tracking Log (Attachment I) to track O & E activities and submit it to LAC-DMH Program Manager monthly, no later than the tenth (10th) business day of the following reporting month.

3.6.2 Consultant shall complete the Potential Responding Service Provider Log (Attachment II) after conducting community presentations and submit to LAC-DMH Program Manager monthly; due no later than the tenth (10th) business day of the following reporting month.

4.0 DELIVERABLES FY 2 (2017-18)**4.1 Training Services**

Consultant shall provide, at a minimum, a six (6) hour training session covering all components in the LGBTQI2-S TAY Toolkit (Sections 3.1.1 through 3.1.4 of this SOW) for local mental health providers and community-based agencies. Training participants shall include administrators, support staff, paraprofessionals, mental health clinicians, and any staff that may interact with LGBTQI2-S TAY, ages 16-25.

- Trainings shall be conducted within each of the paired SAs a minimum of two (2) times per quarter (total of at least eight (8) trainings by the end of FY 2).
- There shall be a minimum of 25 unduplicated participants (non-repeating) for each training, (total of at least 200 participants by the end of FY 2).
- Consultant cannot charge participants fees for attending these trainings.
- Consultants shall complete and submit the Potential Responding Service Provider Log (Attachment II), attendance sheets, staff rosters, copies of the presentation outline, and evaluation forms.

4.2 Support Groups

Consultant shall create a six (6) week group curriculum and schedule for each support group (see Sections 4.2.1 and 4.2.2) which is due to LAC-DMH Program Manager by the end of the first (1st) month of FY 2. Support groups shall be facilitated by a LGBTQI2-S Peer or Family Support Specialist (see Section 6.1.3). Consultant shall develop procedures for the Peer and Family Support Specialist to appropriately respond to the mental health concerns of group members (i.e. Referrals/linkages, crisis, etc.) At a minimum, support groups shall occur once per week for one (1) hour, between the hours of 6:00 P.M. and 8:00 P.M.

- Each six (6) week group series will be offered in each of the paired SAs, at minimum, one (1) time per quarter in FY 2:

- Minimum of eight (8) Peer Support Groups
- Minimum of eight (8) Family and Caregiver Support Groups
- Groups will have the capacity to be provided in at least one of the threshold languages (other than English) and meet the specific cultural needs of the group members.
- There should be a minimum of five (5) participants for each group.

4.2.1 Peer Support Groups

Consultant shall create a LGBTQI2-S TAY Peer Support Group curriculum which will focus on psycho-education, empowerment, and emotional support. The Peer Support Group curriculum shall be unique to the LGBTQI2-S TAY community and not reused from previous group material(s). Curriculum is due to LAC-DMH Program Manager for approval by the end of the first (1st) month of FY 2. Age-appropriate topics shall include, at minimum, the following:

- The coming out process
- Safe sex
- Intimate partner violence prevention
- Substance use prevention
- Bullying prevention
- Suicide prevention
- Mental and physical health promotion/wellness

4.2.2 Family and Caregiver Support Groups

Consultant shall create a Family and Caregiver Support Group curriculum focusing on helping families learn how to support their youth who are in the process of coming out and/or have identified as LGBTQI2-S. The Family and Caregiver Support Group Curriculum should be unique to the LGBTQI2-S TAY community and not reused from previous group material(s). The curriculum is due to LAC-DMH Program Manager for approval by the end of the first (1st) month of FY 2.

Topics shall include, at minimum, the following:

- Key terminology and inclusive language
- Identity development, sexual orientation, and gender expression
- The coming out process
- Accepting vs. rejecting behaviors
- Dispelling myths regarding the LGBTQI2-S community

4.3 Outreach and Engagement

Consultant shall expand Outreach and Engagement (O & E) to LGBTQI2-S TAY (ages 16-25), as well as, various community partners.

4.3.1 Referrals and Linkage to Service Providers

Consultant shall identify and implement strategies to reach a minimum of twenty (20) LGBTQI2-S TAY per month who are not currently connected to services. Outreach shall focus on youth who are identified as the most vulnerable and hard to reach. Consultant shall complete the Referral Tracking Log (Attachment I) and submit it to LAC-DMH Program Manager monthly no later than the tenth (10th) business day of the next reporting month. Consultant shall expand current linkage and referral system(s) to include the following community partners:

- Neighborhood Schools, Colleges, and Universities
- Mental Health Providers
- Health Organizations
- SAPC Providers
- Local Law Enforcement
- Los Angeles County - Probation Department
- Los Angeles County - DCFS
- NAMI and/or Other Advocacy Groups
- Faith-Based Organizations
- Local SAACs

4.3.2 Informational Materials

Consultant shall create at least three (3) relevant informational materials (brochures, posters, flyers) on the issues that affect the LGBTQI2-S community. Topics can include: anti-stigma and discrimination, bullying prevention, suicide prevention, substance use prevention, and intimate partner violence prevention. Consultant shall submit informational materials to LAC-DMH Program Manager for approval by the end of the first (1st) month of FY 2.

4.3.3 Community Presentations

Consultant shall provide community presentations on anti-stigma and discrimination, bullying prevention, suicide prevention, substance use prevention, intimate partner violence prevention, and other key concerns within the LGBTQI2-S community. Community presentations shall occur at a minimum of six (6) times in each of pre-determined paired SAs, at least once every two (2) months, for a total minimum of twelve (12) Community Presentations by the end of FY 2. Consultants shall submit the Potential Responding Service Provider Log (Attachment II), attendance sheets, staff rosters, copies of the presentation outline, and evaluation forms monthly to LAC-DMH Program Manager no later than the tenth (10th) business day of the following reporting month.

4.4 Outcomes

Consultant shall utilize LAC-DMH program-approved tools and supporting documents (attendance sheets, presentation outlines, informational materials, etc.) to determine the effectiveness of the deliverables for O & E, trainings, and support groups. Consultant shall use the data and information collected from the evaluation tools to provide detailed reports and/or upon request to LAC-DMH Program Manager. Consultant shall also provide copies of all completed evaluation tools as required and/or upon request. Consultant shall demonstrate adherence to all current and future MHSA PEI regulations.

- 4.4.1** Consultant shall complete the Referral Tracking Log (Attachment I) to track O & E activities and submit to LAC-DMH Program Manager monthly, no later than the tenth (10th) business day of the following reporting month.
- 4.4.2** Consultant shall complete the Potential Responding Service Provider Log (Attachment II) after conducting community presentations and trainings and submit to LAC-DMH Program Manager monthly no later than the tenth (10th) business day of the following reporting month.
- 4.4.3** Consultant shall utilize the confidential Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) to measure effectiveness of the LGBTQI2-S TAY Toolkit trainings. Consultant shall administer and collect the Baseline Survey at the beginning of the training session; and follow-up in three (3) months by sending and collecting the Post Evaluation to each training attendee. Consultant shall submit all completed evaluations to LAC-DMH Program Manager quarterly no later than the tenth (10th) business day of the following reporting month.
- 4.4.4** Consultant shall utilize the confidential Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) to measure effectiveness of the Peer and Family/Caregiver Support Groups. Consultant shall administer and collect the Baseline Survey at the first session of each support group series and the Post Evaluation at the last session of each support group series. Consultant shall submit all completed evaluations to LAC-DMH Program Manager when the series concludes no later than the tenth (10th) business day of the following reporting month.

5.0 DELIVERABLES FY 3 (2018-19)

5.1 Training Services

Consultant shall provide, at minimum, a six (6) hour training session covering all components in the LGBTQI2-S TAY Toolkit (Sections 3.1.1 through 3.1.4 of this SOW) for mental health providers and community-based agencies. Training participants shall consist of administrators, support staff, paraprofessional,

mental health clinicians, and any staff that may interact with LGBTQI2-S TAY, ages 16-25.

- Trainings shall be conducted within each of the pre-determined paired SAs a minimum of two (2) times per quarter (total of at least eight (8) trainings by the end of FY 3).
- There should be a minimum of 25 unduplicated participants (non-repeating) for each training (total of at least 200 participants by the end of FY 3).
- Consultant cannot charge participants fees for attending these trainings.
- Consultants shall complete and submit the Potential Responding Service Provider Log (Attachment II), attendance sheets, staff rosters, copies of the presentation outline, and evaluation forms.

5.2 Support Groups

Consultant shall create a six (6) week group curriculum and schedule for each support group (see Sections 5.2.1 and 5.2.2) and submit them to LAC-DMH Program Manager by the end of the first (1st) month of FY 3. Support groups shall be facilitated by a LGBTQI2-S Peer or Family Support Specialist (see Section 6.1.3). Consultant shall develop procedures for the Peer and Family Support Specialist to appropriately respond to the mental health concerns of group members (i.e. Referrals/linkages, crisis, etc.). At a minimum, support groups shall occur once per week for one (1) hour, between the hours of 6:00 P.M. and 8:00 P.M.

- Each six (6) week group series will be offered in each of the paired SAs at a minimum one (1) time per quarter in FY 3:
 - Minimum of eight (8) Peer Support Groups
 - Minimum of eight (8) Family and Caregiver Support Groups
- Consultant shall ensure that groups can be provided in at least one of the threshold languages (other than English) common to the local community and will meet the specific cultural needs of the group members.

5.2.1 Peer Support Groups

Consultant shall create a LGBTQI2-S TAY Peer Support Group curriculum which will focus on psycho-education, empowerment, and emotional support; due to LAC-DMH Program Manager by the end of the first (1st) month of FY 3. Curriculum should be unique to the LGBTQI2-S TAY community and not reused from previous group material. Age-appropriate topics shall include, at minimum, the following:

- The coming out process
- Safe sex
- Intimate partner violence prevention
- Substance use prevention
- Bullying prevention
- Suicide prevention
- Mental and physical health promotion/wellness

5.2.2 Family and Caregiver Support Groups

Consultant shall create a Family and Caregiver Support Group curriculum focusing on helping families learn how to support their youth who are in the process of coming out and/or have identified as LGBTQI2-S. The Family and Caregiver Support Group Curriculum should be unique to the LGBTQI2-S TAY community and not reused from previous group material(s). The curriculum is due to LAC-DMH Program Manager for approval by the end of the first (1st) month of FY 3. Topics shall include, at minimum, the following:

- Key terminology and inclusive language
- Identity development, sexual orientation, and gender expression
- The coming out process
- Accepting vs. rejecting behaviors
- Dispelling myths regarding the LGBTQI2-S community

5.3 Outreach and Engagement

Consultant shall expand O & E to LGBTQI2-S TAY (ages 16-25), as well as, various community partners.

5.3.1 Referrals and Linkage to Service Providers

Consultant shall identify and implement strategies to reach a minimum of twenty (20) LGBTQI2-S TAY per month who are not currently connected to services. Outreach should focus on youth who are identified as the most vulnerable and hard to reach. Consultant shall complete Referral Tracking Log (Attachment I) and submit it to LAC-DMH Program Manager no later than the tenth (10th) business day of the following reporting month. Consultant shall expand current linkage and referral system(s) to include the following community partners:

- Neighborhood Schools, Colleges, and Universities
- Mental Health Providers
- Health Organizations
- Substance Abuse Prevention and Control (SAPC) Providers
- Local Law Enforcement
- Los Angeles County - Probation Department
- Los Angeles County - Department of Children and Family Services (DCFS)
- National Alliance on Mental Illness (NAMI) and/or Other Advocacy Groups
- Faith-Based Organizations
- Local Service Area Advisory Committees (SAACs)

5.3.2 Informational Materials

Consultant shall create at least three (3) relevant informational materials (brochures, posters, flyers) on the issues that affect the LGBTQI2-S community. Topics can include: anti-stigma and discrimination, bullying prevention, suicide prevention, substance use

prevention, and intimate partner violence prevention. Consultant shall submit informational materials for LAC-DMH Program Manager approval by the sixth (6th) month of FY 3.

5.3.3 Community Presentations

Consultant shall provide community presentations on anti-stigma and discrimination, bullying prevention, suicide prevention, substance use prevention, intimate partner violence prevention, and other key concerns within the LGBTQI2-S community. Community presentations shall occur a minimum of six (6) times in each SA, at least once every two (2) months for a total minimum of twelve (12) community presentations by the end of FY 3. Consultants shall submit the Potential Responding Service Provider Log (Attachment II), attendance sheets, staff rosters, copies of the presentation outline and evaluation forms to LAC-DMH Program Manager monthly no later than the tenth (10th) business day of the following reporting month.

5.4 Outcomes

Consultant shall utilize LAC-DMH program-approved tools and supporting documents (attendance sheets, presentation outlines, informational materials, etc.) to determine the effectiveness of the deliverables for outreach and engagement, trainings, and support groups. Consultant shall use the data and information collected from the evaluation tools to provide reports and/or upon request to LAC-DMH Program Manager. Consultant shall also provide copies of all completed evaluation tools as required and/or upon request. Consultant shall demonstrate adherence to all current and future MHSA PEI regulations.

5.4.1 Consultant shall complete the Referral Tracking Log (Attachment I) to track O & E activities and submit to LAC-DMH Program Manager monthly no later than the tenth (10th) business day of the following reporting month.

5.4.2 Consultant shall complete the Potential Responding Service Provider Log (Attachment II) after conducting community presentations and

trainings and submit to LAC-DMH Program Manager monthly no later than the tenth (10th) business day of the following reporting month.

5.4.3 Consultant shall utilize the confidential Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) to measure effectiveness of the trainings. Consultant shall administer and collect the Baseline Survey at the beginning of the training session; and follow-up in three (3) months by sending and collecting the Post Evaluation to each training attendee. Consultant shall submit all completed evaluations to LAC-DMH Program Manager quarterly no later than the tenth (10th) business day of the following reporting month.

5.4.4 Consultant shall utilize the confidential Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) to measure effectiveness of the Peer and Family/Caregiver Support Groups. Consultant shall administer and collect the Baseline Survey at the first session of each support group series and the Post Evaluation at the last session of each support group series. Consultant shall submit all completed evaluations to LAC-DMH Program Manager when the series concludes; due no later than the tenth (10th) business day of the following reporting month.

6.0 STAFFING PLAN

6.1 General Staffing Requirements

Consultant shall ensure that the following staff and volunteer requirements are met by the end of the first (1st) month of FY 1 and compliance with required staffing plan for all three (3) FYs:

6.1.1 Criminal Clearances

Consultant shall ensure that criminal clearances and background checks have been conducted for all Consultant's staff and volunteers prior to beginning and continuing work under the Consultant Services Agreement. The cost of such criminal clearances and background checks is the responsibility of the Consultant whether or not the Consultant's staff passes or fails the background and criminal clearance investigations.

6.1.2 Language/ Cultural Ability

Consultant's personnel shall be able to read, write, speak, and understand English in order to conduct business with LAC-DMH Program Manager. Furthermore, the staff must be culturally competent in working with individuals from all communities being served. In addition to having competency in English, Consultant shall ensure there is a sufficient number of bilingual staff to meet the language and cultural needs of all the communities served.

6.1.3 Peer/Family Support Specialist

Consultant shall be responsible for assigning a LGBTQI2-S Peer or Family Support Specialist by the end of the first (1st) month of FY 1 to be in compliance with required staff for the three (3) year Consultant Services Agreement (Exhibit F) to conduct community presentations, provide outreach and engagement, and facilitate support groups as defined in this SOW. Consultant shall secure and maintain staff who meet the minimum qualifications and who possess sufficient experience and expertise required to provide services required in this SOW.

The Peer/Family Support Specialist minimum qualifications include:

- Lived experience as a LGBTQI2-S TAY or family member of a LGBTQI2-S TAY.

Consultant shall obtain written verification for staff with foreign degrees indicating that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the United States, Secretary of Education.

6.1.4 Staff Training

Consultant shall provide the LGBTQI2-S TAY training to all new staff within thirty (30) business days from their start date and prior to the services to be provided as stated in this SOW.

6.1.5 Documentation

Consultant shall maintain the following documentation in the personnel files of all staff: (1) verification of all training hours and topics; (2) copies of resumes, degrees, and professional licenses; and (3) current criminal clearances.

6.1.6 Supervision

Consultant shall provide supervision to all staff providing training services.

6.1.7 Rosters

Consultant shall provide LAC-DMH, at the beginning of each fiscal year and/or within thirty (30) days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedule; (3) fax and telephone numbers and (4) any non-English, Los Angeles County threshold-languages spoken by staff.

6.1.8 Changes in Staffing

Consultant shall advise LAC-DMH Program Manager in writing of any change(s) in Consultant's key personnel at least twenty-four (24) hours before proposed change(s), including name and qualifications of new personnel. Consultant shall ensure that no interruption of services occurs as a result of the change in personnel.

7.0 SERVICE TASKS TO ACHIEVE OUTCOMES

Consultant shall present a fully-developed plan that addresses the following areas:

- Budget Plan: Consultant shall create and submit a proposed detailed budget for each FY of the three (3) year contract term. The proposed budget shall include a timeline for implementation of performance targets.
- Staffing Plan: Consultant shall ensure that appropriate staff and volunteers are assigned to the LGBTQI2-S TAY program, including assignment of a LGBTQI2-S Peer or Family Support Specialist.
- Quality Management and Data Collection Plan: Consultant shall establish and implement a comprehensive written Quality Management Program and Plan

including Quality Assurance and Quality Improvement processes. Consultant shall adhere to all current and future MHSA PEI regulations.

- **Community Partnerships:** Consultant shall provide community presentations on anti-stigma and discrimination, bullying prevention, suicide prevention, substance use treatment, intimate partner violence, and other key concerns within the LGBTQI2-S community.
- **Community Needs Assessment:** Consultant shall create and conduct an assessment of current services, service gaps, risk factors, and protective factors of LGBTQI2-S TAY (ages 16-25) for each of the pre-determined paired SAs.
- **LGBTQI2-S TAY Toolkit Development and Training:** Consultant shall develop and implement LGBTQI2-S TAY Toolkit trainings that include all components delineated in this SOW.
- **Outreach and Engagement:**
 - **Referrals and Linkages:** Consultant shall develop an O & E strategy to reach LGBTQI2-S TAY, ages 16-25, that are not currently connected to services.
 - **Informational Materials:** Consultant shall develop brochures and other types of literature deemed appropriate as a tool to educate community partners and create welcoming environments.
 - **Community Presentations:** Consultant shall provide community presentations on topics and key concerns within the LGBTQI2-S community.
- **Support Groups:**
 - Consultant shall create a six (6) week group curriculum and schedule for each Peer Support group.
 - Consultant shall create a six (6) week group curriculum and schedule for each Family/Caregiver Support group.
 - Consultant shall expand service hours to include evenings and/or weekend hours in order to provide support groups for LGBTQI2-S TAY and their caregivers.

- Outcomes: Consultant shall collect specific outcome data on O & E, trainings, and support groups utilizing LAC-DMH Program Manager approved tools (Attachment I – VI).

8.0 ADMINISTRATIVE TASKS

8.1 Record Keeping

Consultant shall utilize sign-in sheets and Referral Tracking Log (Attachment I) to document all Prevention services for LGBTQI2-S TAY, caregivers, and community members.

8.2 Evaluation Tools

Consultant shall utilize the LAC-DMH program approved tools (Attachments I-VI) as specified in this SOW. Consultant shall send completed Surveys, Evaluations, and Logs to LAC-DMH Program Manager on the specified schedule due no later than the tenth (10th) business day of the next reporting month. Consultant will demonstrate adherence to all current and future MHSA PEI regulations.

8.3 Expanded Hours of Operation

The Consultant shall provide Peer Support and Family/Caregiver Support Groups outside of normal business hours, including one (1) weekday between the hours of 6:00 P.M. and 8:00 P.M. In addition, Consultant's Project Manager or County approved alternate shall have full authority to act for Consultant on all matters relating to the daily operation of the Consultant Services Agreement, and shall be available during the County's regular business hours of Monday through Friday, from 9:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas.

9.0 SERVICE DELIVERY SITE(S)

The LGBTQI2-S TAY Prevention services shall be delivered at sites in the Consultant's selected paired SAs of Los Angeles County that have existent programs and services to the LGBTQI2-S community. Consultant shall request approval from LAC-DMH in writing a minimum of thirty (30) days before terminating services at any of the location(s) listed

on its Consultant Services Agreement and/or before commencing services at any other location(s) not previously approved in writing by the LAC-DMH Program Manager.

10.0 QUALITY MANAGEMENT AND DATA COLLECTION

10.1 Quality Management

The Consultant shall establish and implement a comprehensive written Quality Management Program and Plan including Quality Assurance and Quality Improvement processes to ensure the organization monitors, documents and reports on required LGBTQI2-S TAY Prevention Services provided and that identified measureable performance outcomes are attained. Quality Management activities are focused on assuring that the quality of services meets the contract requirements for the timeliness, accuracy, completeness, consistency and conformity to requirements as set forth in the RFS and SOW. The Plan shall be submitted to LAC-DMH Program Manager for review and approval. The Plan shall be submitted by the end of the first (1st) month of FY 1 and effective on the contract start date. The Plan shall be updated and re-submitted as changes are needed and/or as changes occur.

10.1.1 The Consultant's Plan shall specifically describe the methods by which performance outcomes will be measured and attained.

10.1.2 The Consultant's Plan shall describe the quality monitoring methods and activities to be implemented to assure the stated measureable performance outcomes and specified contract requirements are met, including qualifications of monitoring staff, samples of monitoring forms and identification of related accountability reporting documents.

10.1.3 The Consultant's Plan shall describe the methods and frequency by which the qualifying knowledge, skills, experience, and appropriate licenses and/or credentials of professional staff a properly assured, supervised, and maintained during the life of the contract.

10.1.4 The Consultant's Plan shall describe methods for identifying, preventing and correcting barriers/deficiencies/problems related to the quality of services provided before the level of performance becomes

unacceptable. The description of the methods shall include quality improvement strategies and interventions.

- 10.1.5** The Consultant's Plan shall be in keeping with the Department's Quality Management Plan, to the extent possible and as appropriate, with a focus on monitoring and improving the services provided and ensuring performance outcomes are achieved.

10.2 Data Collection

The Consultant shall have the ability to collect, manage, and submit data and reports as directed by the LAC-DMH Program Manager to demonstrate, profile, track, and document the effectiveness of LGBTQI2-S TAY trainings and support groups delivered, performance outcomes, and quality improvement interventions including pertinent demographics of persons receiving services. Consultant shall demonstrate adherence to all current and future MHSA PEI regulations.

- 10.2.1** Consultant's Plan shall include a description of appropriate specific measures and data analysis methods that are currently in place and those to be developed to ensure the collection and reporting of required Community Needs Assessment data.

- 10.2.2** Consultant's Plan shall include a description of how data accuracy problems will be managed and resolved including a description of current data collection, data entry, data analysis, data reporting, and/or other data accuracy problems and actions already taken.

11.0 INFORMATION TECHNOLOGY, PRIVACY & ELECTRONIC SECURITY

11.1 Technology Requirements

- 11.1.1** An internet connection is required for monthly electronic submission of invoices and supporting documentations.
- 11.1.2** Consultant is solely responsible to comply with all applicable State and Federal regulations affecting the maintenance and transmittal of electronic information.

11.2 Privacy and Electronic Security

- 11.2.1** Consultant shall comply with Federal and State laws as they apply to Protected health Information (PHI), Individually Identifiable Health Information (IIHI), and electronic security.
- 11.2.2** Any Consultant that is deemed a “Covered Entity” under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) shall comply with the HIPAA privacy and security regulations independently of any activities or support of LAC-DMH or the County of Los Angeles.
- 11.2.3** Any Consultant that is deemed a “Business Associate” of County under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) shall enter into a Business Associate Agreement with the County of Los Angeles to ensure compliance with the privacy standards. For example, if the training is to be designed and delivered by a covered entity such as a Community Mental Health Center and the logistical services providers, vendors, or facilities staff are subcontractors, then a Business Associate Agreement would be required between the covered entity and the logistical services or facility providers in case the subcontractors may handle information regarding the health status of the students who are consumers or family members. If the training is to be designed and delivered by a non-covered entity, then a Business Associate Agreement will be required between the Contractor and the County in case the Contractor may handle information regarding the health status of the students who are consumers or family members.

12.0 PERFORMANCE BASED CRITERIA

- 12.1** The Consultant Services Agreement will include Performance-Based Criteria that will measure the Consultant’s performance related to program and operational measures.
 - 12.1.1** Consultant shall provide processes for systematically involving clients and their families, key stakeholders, and direct service staff in defining,

selecting, and measuring quality indicators at the program and community levels. Consultant shall collaborate with LAC-DMH to provide processes for systematically evaluating quality and performance indicators and outcomes at the client and program level. Should there be a change in Federal, State and/or County policies/regulations, LAC-DMH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment with a thirty (30) day notice.

- 12.1.2** Consultant shall cooperate with LAC-DMH in the regularly scheduled monitoring of the program, including review of agency and program records, site visits, telephonic conferences, correspondence, and attendance at provider meetings where the Consultant's adherence to the Performance-Based Criteria will be evaluated.
- 12.1.3** The Performance-Based Criteria have been organized into a chart that identifies methods of data collection and performance targets for each criteria.

| FY 2016-17 – FY 1 Deliverables | | | | | |
|--------------------------------|---|---------------|--|---|--|
| DELIVERABLES | | SECTION | METHOD OF DATA COLLECTION | PERFORMANCE TARGETS | TARGET DATES OF COMPLETION |
| 1) | Proposed Budget Plan for all three (3) FYs | Section 3.5 | <ul style="list-style-type: none"> Budget Spreadsheet Implementation Timeline | 100% Completion of detailed budget and timeline. | By the end of the first (1 st) month of FY 1 |
| 2) | <u>Staffing Plan</u> - Peer/Family Support Specialist | Section 6.1.3 | <ul style="list-style-type: none"> Staff Resume | 100% Completion of staff assignment (Peer/Family Support Specialist) | By the end of the first (1 st) month of FY 1 |
| | <u>Staffing Plan</u> - Program Staff | Section 6.1.7 | <ul style="list-style-type: none"> Staff Roster | 100% Compliance with required staffing plan for all three (3) FYs. | By the end of the first (1 st) month of FY 1 |
| 3) | Quality Management and Data Collection Plan | Section 10.0 | <ul style="list-style-type: none"> Quality Management Plan Data Collection Plan | 100% Completion | By the end of the first (1 st) month of FY 1 |
| 4) | Community Partnerships (MOUs) | Section 3.3 | <ul style="list-style-type: none"> A minimum of one (1) MOU in <u>each</u> of the paired SAs for a total of two (2) MOUs | 100% Completion | By the end of the third (3 rd) month of FY 1 |
| 5) | Community Needs Assessment | Section 3.4 | <ul style="list-style-type: none"> Summary of findings includes a report with graphs and/or tables | 100% Completion | By the end of the third (3 rd) month of FY 1 |
| 6) | LGBTQI2-S TAY Toolkit Development | Section 3.1 | <ul style="list-style-type: none"> LGBTQI2-S TAY Toolkit sections presented in a binder as outlined in Section 3.1 | 100% Completion of the following Toolkit Components: <ul style="list-style-type: none"> Section I: Safe and Welcoming Environments (Section 3.1.1) Section II: Clinical Considerations and Interventions (Section 3.1.2) Section III: LGBTQI2-S Outreach Engagement Supports and Strategies (Section 3.1.3) Section IV: Outcomes Monitoring (Section 3.1.4) | <ul style="list-style-type: none"> Section I of the LGBTQI2-S TAY Toolkit completion by end of the third (3rd) month of FY 1 Section II of the LGBTQI2-S TAY Toolkit completion by end of the sixth (6th) month of FY 1 Section III and Section IV of the LGBTQI2-S TAY Toolkit completion by the end of the ninth (9th) month of FY 1 |
| 7) | <u>O & E</u> - Referrals and Linkage to Service Providers | Section 3.2.1 | <ul style="list-style-type: none"> Monthly report of referrals and linkages to community partners utilizing LAC-DMH approved Referral Tracking Log (Attachment I) | Minimum of twenty (20) LGBTQI2-S TAY referrals and linkages to service providers per month | Beginning FY 1, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>O & E</u> - Informational Materials | Section 3.2.2 | <ul style="list-style-type: none"> Copies of three (3) Informational Materials (brochures, posters, flyers) | 100% Completion of three (3) Informational Materials for FY 1 | By the end sixth (6 th) month of FY 1 |
| | <u>O & E</u> - Community Presentations | Section 3.2.3 | <ul style="list-style-type: none"> Attendance sign-in/out sheets Staff roster Copies of presentation outline | 100% Completion of community presentations in each of the paired SAs. A minimum of six (6) presentations in each SA, at least once every two (2) months, for a total of twelve (12) community presentations by the end of FY 1 | Beginning FY 1, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |
| 8) | <u>Outcomes</u> - Referrals and Linkage to Service Providers | Section 3.6.1 | <ul style="list-style-type: none"> Referral Tracking Log (Attachment I) | 100% Completion after referring and linking TAY to services | Beginning FY 1, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Potential Responding Service Provider Log | Section 3.6.2 | <ul style="list-style-type: none"> Potential Responding Service Provider Log (Attachment II) | 100% Completion after conducting community presentations | Beginning FY 1, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |

| FY 2017-18 - FY 2 Deliverables | | | | | |
|--------------------------------|---|---------------|--|--|---|
| DELIVERABLES | | SECTION | METHOD OF DATA COLLECTION | PERFORMANCE TARGETS | TARGET DATES OF COMPLETION |
| 1) | LGBTQI2-S TAY Toolkit Training Services | Section 4.1 | <ul style="list-style-type: none"> Attendance sign-in/out sheets PowerPoint slides | <p>Completion of a minimum of two (2), six (6) hour trainings each quarter for each SA:</p> <ul style="list-style-type: none"> Total of at least eight (8) trainings for FY 2 Minimum of 25 unduplicated participants per training (total of at least 200 participants by the end of FY 2) | Beginning FY 2, on a quarterly schedule, the Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) is due no later than the tenth (10 th) business day of the following reporting month |
| 2) | Peer Support Groups | Section 4.2.1 | <ul style="list-style-type: none"> Copy of group curriculum Copy of group schedule Attendance sign-in/out sheets Staff roster | 100% Completion of curriculum and schedule. | Curriculum due at the end of the first (1 st) month of FY 2 |
| | | | | Each six (6) week Peer Support group series will be offered in each of the SAs one (1) time per quarter in FY 2: <ul style="list-style-type: none"> Minimum of eight (8) Peer Support Groups for FY 2 Minimum of five (5) participants in each group | Peer Support Group begins FY 2. Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10 th) business day of the following reporting month |
| | Family and Caregiver Support Groups | Section 4.2.2 | <ul style="list-style-type: none"> Copy of group curriculum Copy of group schedule Attendance sign-in/out sheets Staff roster | 100% Completion of curriculum and schedule. | Curriculum due at the end of the first (1 st) month of FY 2 |
| | | | | Each six (6) week Family and Caregiver Support group series will be offered in each of the SAs one (1) time per quarter in FY 2: <ul style="list-style-type: none"> Minimum of eight (8) Family and Caregiver Support Groups for FY 2 Minimum of five (5) participants in each group | Family and Caregiver Support Group begins FY 2. Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10 th) business day of the following reporting month |
| 3) | <u>O & E</u> - Referrals and Linkage to Service Providers | Section 4.3.1 | <ul style="list-style-type: none"> Monthly report of referrals and linkages to community partners utilizing LAC-DMH approved Referral Tracking Log (Attachment I) | Minimum of twenty (20) LGBTQI2-S TAY referrals and linkages to service providers per month | Beginning FY 2, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>O & E</u> - Informational Materials | Section 4.3.2 | <ul style="list-style-type: none"> Copies of three (3) Informational Materials (brochures, posters, flyers) | 100% Completion of three (3) Informational Materials for FY 2 | By the end first (1 st) month of FY 2 |
| | <u>O & E</u> - Community Presentations | Section 4.3.3 | <ul style="list-style-type: none"> Attendance sign-in/out sheets Staff roster Copies of presentation outline and evaluation forms | 100% Completion of community presentations for each of the paired SAs. A minimum of six (6) presentations in each SA, at least once every two (2) months, for a total of twelve (12) community presentations by the end of FY 2. | Beginning FY 2, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |
| 4) | <u>Outcomes</u> - Referrals and Linkage to Service Providers | Section 4.4.1 | <ul style="list-style-type: none"> Referral Tracking Log (Attachment I) | 100% Completion after referring and linking TAY to services | Beginning FY 2, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Potential Responding Service Provider Log | Section 4.4.2 | <ul style="list-style-type: none"> Potential Responding Service Provider Log (Attachment II) | 100% Completion after conducting community presentations and trainings. | Beginning FY 2, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Training Surveys and Evaluations | Section 4.4.3 | <ul style="list-style-type: none"> Baseline Surveys (Attachment III) Post Evaluations (Attachment IV) | 100% Completion after each training | Beginning FY 2, on a quarterly schedule, the Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Peer and Family/Caregiver Support Group Surveys and Evaluations | Section 4.4.4 | <ul style="list-style-type: none"> Baseline Surveys (Attachment V) Post Evaluations (Attachment VI) | 100% Completion after each group session | Beginning FY 2, Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10 th) business day of the following reporting month |

FY 2018-19 - FY 3 Deliverables

| DELIVERABLES | | SECTION | METHOD OF DATA COLLECTION | PERFORMANCE TARGETS | TARGET DATES OF COMPLETION |
|--------------|---|---------------|--|--|---|
| 1) | LGBTQI2-S TAY Toolkit Training Services | Section 5.1 | <ul style="list-style-type: none"> Attendance sign-in/out sheets PowerPoint slides | <p>Completion of a minimum of two (2), six (6) hour trainings each quarter for each SA:</p> <ul style="list-style-type: none"> Total of at least eight (8) trainings for FY 3 Minimum of 25 participants per training (total of at least 200 participants for FY 3) | Beginning FY 3, on a quarterly schedule, the Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) is due no later than the tenth (10 th) business day of the following reporting month |
| 2) | Peer Support Groups | Section 5.2.1 | <ul style="list-style-type: none"> Copy of group curriculum Copy of group schedule Attendance sign-in/out sheets Staff roster | <p>100% Completion of curriculum and schedule.</p> <p>Each six (6) week Peer Support group series will be offered in each of the SAs one (1) time per quarter in FY 3:</p> <ul style="list-style-type: none"> Minimum of eight (8) Peer Support Groups for FY 3 Minimum of five (5) participants in each group | <p>Curriculum due at the end of the first (1st) month of FY 3</p> <p>Peer Support Group begins FY 3. Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10th) business day of the following reporting month</p> |
| | Family and Caregiver Support Groups | Section 5.2.2 | <ul style="list-style-type: none"> Copy of group curriculum Copy of group schedule Attendance sign-in/out sheets Staff roster | <p>100% Completion of curriculum and schedule.</p> <p>Each six (6) week Family and Caregiver Support group series will be offered in each of the SAs one (1) time per quarter in FY 3:</p> <ul style="list-style-type: none"> Minimum of eight (8) Family and Caregiver Support groups for FY 3 Minimum of five (5) participants in each group | <p>Curriculum due at the end of the first (1st) month of FY 3</p> <p>Peer Support Group begins FY 3. Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10th) business day of the following reporting month</p> |
| 3) | <u>O & E</u> - Referrals and Linkage to Service Providers | Section 5.3.1 | <ul style="list-style-type: none"> Monthly report of referrals and linkages to community partners utilizing LAC-DMH approved Referral Tracking Log (Attachment I) | Minimum of twenty (20) LGBTQI2-S TAY referrals and linkages to service providers per month | Beginning FY 3, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>O & E</u> - Informational Materials | Section 5.3.2 | <ul style="list-style-type: none"> Copies of three (3) Informational Materials (brochures, posters, flyers) | 100% Completion of three (3) Informational Materials for FY 3 | By end sixth (6 th) month of FY 3 |
| | <u>O & E</u> - Community Presentations | Section 5.3.3 | <ul style="list-style-type: none"> Attendance sign-in/out sheets Staff roster Copies of presentation outline and evaluation form | 100% Completion of community presentations for each of the paired SAs. A minimum of six (6) times in each SA, at least once every two (2) months, for a total of twelve (12) community presentations by the end of FY 3. | Beginning FY 3, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |
| 4) | <u>Outcomes</u> - Referrals and Linkage to Service Providers | Section 5.4.1 | <ul style="list-style-type: none"> Referral Tracking Log (Attachment I) | 100% Completion after referring and linking TAY to services | Beginning FY 3, on a monthly schedule, the Referral Tracking Log (Attachment I) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Potential Responding Service Provider Log | Section 5.4.2 | <ul style="list-style-type: none"> Potential Responding Service Provider Log (Attachment II) | 100% Completion after conducting community presentations and trainings. | Beginning FY 3, on a monthly schedule, the Potential Responding Service Provider (Attachment II) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Training Surveys and Evaluations | Section 5.4.3 | <ul style="list-style-type: none"> Baseline Surveys (Attachment III) Post Evaluations (Attachment IV) | 100% Completion after each training | Beginning FY 3, on a quarterly schedule, the Baseline Survey (Attachment III) and Post Evaluation (Attachment IV) is due no later than the tenth (10 th) business day of the following reporting month |
| | <u>Outcomes</u> - Peer and Family/Caregiver Support Group Surveys and Evaluations | Section 5.4.4 | <ul style="list-style-type: none"> Baseline Surveys (Attachment V) Post Evaluations (Attachment VI) | 100% Completion after each group session | Beginning FY 3, Baseline Survey (Attachment V) and Post Evaluation (Attachment VI) is due when the series concludes no later than the tenth (10 th) business day of the following reporting month |

13.0 Required Documents

Consultant shall demonstrate in writing how the services impact the performance targets. Awarded Consultant(s) shall maintain, at a minimum, the following documents that indicate the performance targets:

1. Required reporting to LAC-DMH on performance targets related to the required services to be provided
2. Implementation timeline
3. Attendance sign-in/out sheets
4. Training curriculum and schedules
5. Support group curricula and schedules
6. Referral Tracking Log (Attachment I)
7. Potential Responding Service Provider Log (Attachment II)
8. Baseline Surveys and Post Evaluations for Trainings (Attachment III-IV)
9. Baseline Surveys and Post Evaluations for Support Groups (Attachment V-VI)

MONTH/YEAR _____

[illegible]

ATTACHMENT II

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
LGBTQI2-S TAY
Potential Responding Service Provider Log

Month: _____ Year: _____

Contractor:_____

[illegible]

**LGBTQI2-S TOOLKIT TRAINING
BASELINE SURVEY**

Please answer the following questions regarding your knowledge of the Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit (LGBTQI2-S) Transition Age Youth (TAY) population, ages 16 to 25 years. Your answers will remain confidential and will only be used for quality improvement purposes.

1. In your agency, what percentage of the LGBTQI2-S TAY consumers ages 16-25 do you serve? _____%

2. In your agency, what percentage of family members of LGBTQI2-S TAY consumers do you serve and/or involve in treatment? _____%

3. How aware are you of the issues affecting the LGBTQI2-S community?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

4. How aware are you of mental health issues associated with LGBTQI2-S youth?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

5. How affirming of an environment does your agency provide for LGBTQI2-S youth?

| | | | | |
|---------------------|----------------------|--------------------|--------------------|----------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Affirming | Moderately Affirming | Somewhat Affirming | Slightly Affirming | Not at all Affirming |

6. What is your professional role in the current work setting?

- a. Clinical
- b. Case Management
- c. Support Staff (i.e. Reception Desk)
- d. Administrative

7. In what Service Area is your work location?

- | | |
|-------------------------------|------------------------|
| a. SA 1 – Antelope Valley | e. SA 5 – West LA |
| b. SA 2 – San Fernando Valley | f. SA 6 – South LA |
| c. SA 3 – San Gabriel Valley | g. SA 7 – East LA |
| d. SA 4 – Metro | h. SA 8 – South Bay LA |

Please provide your name and email address to send the post-training survey. **PLEASE PRINT CLEARLY**

Name

E-mail Address

THANK YOU FOR PARTICIPATING IN THIS SURVEY

LGBTQI2-S TOOLKIT TRAINING**Post-Evaluation**

Please answer the following questions regarding your knowledge of the Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit (LGBTQI2-S) Transition Age Youth (TAY) population, ages 16-25 years. Your answers will remain confidential and will only be used for quality improvement purposes.

1. In your agency, what percentage of the LGBTQI2-S consumers ages 16-25 do you serve? _____%
2. In your agency, what percentage of family members of LGBTQI2-S TAY consumers do you serve and/or involve in treatment? _____%

3. How aware are you of the issues affecting the LGBTQI2-S community?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

4. How aware are you of mental health issues associated with LGBTQI2-S youth?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

5. How of an environment does your agency provide for LGBTQI2-S youth?

| | | | | |
|---------------------|----------------------|--------------------|--------------------|----------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Affirming | Moderately Affirming | Somewhat Affirming | Slightly Affirming | Not at all Affirming |

6. In what Service Area is your work location?

- | | |
|---|--|
| <ul style="list-style-type: none"> a. SA 1 – Antelope Valley b. SA 2 – San Fernando Valley c. SA 3 – San Gabriel Valley d. SA 4 – Metro | <ul style="list-style-type: none"> e. SA 5 – West LA f. SA 6 – South LA g. SA 7 – East LA h. SA 8 – South Bay LA |
|---|--|

7. What is your professional role in the current work setting?

- a. Clinical
- b. Paraprofessional
- c. Administrative
- d. Support Staff (i.e. reception, clerk)

THANK YOU FOR PARTICIPATING IN THIS SURVEY

**LGBTQI2-S SUPPORT GROUP
BASELINE SURVEY**

Please answer the following questions regarding your knowledge of the Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit (LGBTQI2-S) Transition Age Youth (TAY) population, ages 16-25 years. Your answers will remain confidential and will only be used for quality improvement purposes.

1. How aware are you of the issues affecting the LGBTQI2-S community?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

2. How comfortable are you talking about being an LGBTQI2-S TAY or having a family member who is an LGBTQI2-S TAY discuss this with you?

| | | | | |
|-----------------------|------------------|----------------------|----------------------|------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Comfortable | Very Comfortable | Somewhat Comfortable | Slightly Comfortable | Not at all Comfortable |

3. How aware are you of the resources available for LGBTQI2-S youth and families?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

4. Which of the following topics would you like to learn more about? (Circle all that apply)

- a. The coming out process
- b. Key terminology/inclusive language
- c. Safety concerns
- d. Mental health issues
- e. Coping skills

5. Which description below best describes your reason for participating in this group series?

- a. To increase my knowledge and understanding of LGBTQI2-S youth.
- b. To develop empathy and be a support for my loved one who is LGBTQI2-S.
- c. To have a safe place to discuss LGBTQI2-S related issues.
- d. Other (please specify): _____

THANK YOU FOR PARTICIPATING IN THIS SURVEY

LGBTQI2-S SUPPORT GROUP Post-Evaluation

Please answer the following questions regarding your recent participation in the Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit (LGBTQI2-S) Support Group. Your answers will remain confidential and will only be used for quality improvement purposes.

1. How aware are you of the issues affecting the LGBTQI2-S community?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

2. How comfortable are you talking about being LGBTQI2-S or having a family member who is LGBTQI2-S discuss this with you?

| | | | | |
|-----------------------|------------------|----------------------|----------------------|------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Comfortable | Very Comfortable | Somewhat Comfortable | Slightly Comfortable | Not at all Comfortable |

3. How aware are you of the resources available for LGBTQI2-S youth and families?

| | | | | |
|-----------------|------------------|----------------|----------------|------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Aware | Moderately Aware | Somewhat Aware | Slightly Aware | Not at all Aware |

4. How safe did you feel discussing LGBTQI2-S related topics?

| | | | | |
|----------------|-----------|---------------|---------------|-----------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Safe | Very Safe | Somewhat Safe | A Little Safe | Not at all Safe |

5. As a result of participating in this group (circle all that apply):

- a. I have increased my knowledge and understanding of LGBTQI2-S youth.
- b. I have developed empathy and be a support for my loved one who is LGBTQI2-S.
- c. I have a safe place to discuss my LGBTQI2-S related issues.
- d. Other (please specify): _____

6. How beneficial was it to have a Peer/Family Advocate co-facilitating your groups?

| | | | | |
|----------------------|-----------------|---------------------|---------------------|-----------------------|
| 5 | 4 | 3 | 2 | 1 |
| Extremely Beneficial | Very Beneficial | Somewhat Beneficial | Slightly Beneficial | Not at all Beneficial |

7. Comments: _____
- _____

THANK YOU FOR PARTICIPATING IN THIS SURVEY